SCC eFile	2012 ANNUAL REPORT 212516959 COMMONWEALTH OF VIRGINIA TATE CORPORATION COMMISSION					
1.) CORPORATION NAME:		DUE DATE: 6	5/30/2012			
American Wood Council 2.) VA REGISTERED AGENT NAME NATIONAL REGISTERED AGE		SCC ID NO: (SCC ID NO: 07245046			
4701 COX ROAD SUITE 301		5.) STOCK IN CLASS	IFORMATION AUTHORIZED			
GLEN ALLEN, VA 23060-6802						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY						
4.) STATE OR COUNTRY OF INCO VA	RPORATION:					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 803 SYC STE 201						
CITY/ST/ZIP: LEESBURG, VA 20175						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GLOWINSKI PRESIDENT 803 SYCOLIN ROAD #201 LEESBURG, VA 20175	OFFICER	X DIRECTOR			
		OFFICER	X DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC BRINKMEYER DIRECTOR 4447 EAST CHILCO ROAD ATHOL, ID 83801	_				
NAME:	TOM CORRICK	OFFICER	X DIRECTOR			
TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIRECTOR 1111 W JEFFERSON ST BOISE, ID 83728					
NAME:	BRIAN LUOMA	OFFICER	X DIRECTOR			
TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIRECTOR 414 UNION STREET #2000 NASHVILLE, TN 37219					
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRITZ R MASON DIRECTOR 133 PEACHTREE ST NE ATLANTA, GA 30303-1808	OFFICER	X DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE PATTON DIRECTOR BOX 48999 TUSCALOOSA, AL 35404	OFFICER	X DIRECTOR			

				OFFICER	χ DIRECTOR	
	NAME:	Robert Taylor				
	TITLE:	DIRECTOR				
	ADDRESS:	Box 9777				
	CITY/ST/ZIP/CO:	Federal Way, WA 98063				
				OFFICER	χ DIRECTOR	
	NAME:	Andrew Miller		ı		
	TITLE:	DIRECTOR				
	ADDRESS:	520 SW Yamhill Street #700				
	CITY/ST/ZIP/CO:	Portland, OR 97204				
				OFFICER	χ DIRECTOR	
	NAME:	Diana Blenkhorn				
	TITLE:	DIRECTOR				
	ADDRESS:	Box 459				
	CITY/ST/ZIP/CO:	Amherst NS, , CA				
				OFFICER	χ DIRECTOR	
	NAME:	Patrick Patranella				
	TITLE:	DIRECTOR				
	ADDRESS:	Drawer N				
	CITY/ST/ZIP/CO:	Diboll, TX 75941				
				OFFICER	χ DIRECTOR	
	NAME:	Maureen Frisch		'		
	TITLE:	DIRECTOR				
	ADDRESS:	1301 Fifth Ave #2700				
	CITY/ST/ZIP/CO:	Seattle, WA 98101				
				OFFICER	χ DIRECTOR	
	NAME:	James Rabe		ı		
	TITLE:	DIRECTOR				
	ADDRESS:	1955 Powiss Rd				
	CITY/ST/ZIP/CO:	West Chicago, IL 60185				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND						
COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ ROBERT		ROBERT GLOWINSKI, PR			/7/2012	
	OF DIRECTOR/OFFICER		PORAT	E	DATE	
LISTEL	O IN THIS REPORT	TITLE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						
respect with the intent that the document be delivered to the Confinition for filling.						